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Bib Data Sheet

CONFIRMATION NO. 3021

<b>SERIAL NUMBER</b> 09/904,263	<b>FILING DATE</b> 07/12/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> OC01000KQ	
<b>APPLICANTS</b> Mary Ellen Rybak, Waren, NJ; Esther Helen Rose, Westfield, NJ;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/545,312 04/07/2000, <i>Abandoned</i> WHICH CLAIMS BENEFIT OF 60/128,308 04/08/1999					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/27/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Ami Allen</i> <i>AT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 24265					
<b>TITLE</b> Melanoma therapy					
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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